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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	09/514,997
		Filing Date	February 25, 2000
		First Named Inventor	Axel Schultze
		Group Art Unit Number	3623
		Examiner Name	Susanna M. Meinecke Diaz
Total Number of Pages in This Submission	4	Attorney Docket Number	4705 US

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <ul style="list-style-type: none"> <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): <ul style="list-style-type: none"> [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <ul style="list-style-type: none"> (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Notice of Appeal <ul style="list-style-type: none"> _____ _____ _____ _____ _____ _____

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT	
Signature:	
Attorney/Reg. No.:	Hector J. Ribera, Reg. No. 54,397
Dated:	10/27/2004

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:		
Typed or Printed Name:	Hector J. Ribera	Dated: 10/27/2004
Express Mail Mailing Number (optional):		

O I P E
NOV 01 2004
PATENT & TRADEMARK OFFICE

Fee Transmittal for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**170**

Complete if Known	
Application Number	09/514,997
Filing Date	February 25, 2000
First Named Inventor	Axel Schultze
Examiner Name	Susanna M. Meinecke Diaz
Art Unit	3623
Attorney Docket No.	4705 US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number **19-2555**

Deposit Account Name **Fenwick & West LLP**

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

Fee	Fee	Fee	Fee Description	Fee Paid
Code	(\$)	Code	(\$)	
1001	790	2001	395	Utility filing fee
1002	350	2002	175	Design filing fee
1003	550	2003	275	Plant filing fee
1004	790	2004	395	Reissue filing fee
1005	160	2005	80	Provisional filing fee
SUBTOTAL (1)		(\$)	.00	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	x	= 00
Multiple Dependent	-3** =	x	= 00

Large Entity | Small Entity

Fee	Fee	Fee	Fee Description
Code	(\$)	Code	(\$)
1202	18	2202	9
			Claims in excess of 20
1201	88	2201	44
			Independent claims in excess of 3
1203	300	2203	150
			Multiple dependent claim, if not paid
1204	88	2204	44
			**Reissue independent claims over original patent
1205	18	2205	9
			**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$)	.00

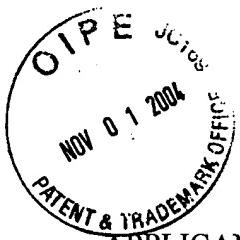
**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)			
3. ADDITIONAL FEES			
Large Entity	Small Entity		
Fee Code	Fee Code		
\$ (Fee)	\$ (Fee)		
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	430	2252	215
1253	980	2253	490
1254	1,530	2254	765
1255	2,080	2255	1,040
1401	340	2401	170
1402	340	2402	170
1403	300	2403	150
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,370	2453	685
1501	1,370	2501	685
1502	490	2502	245
1503	660	2503	330
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			
SUBTOTAL (3) (\$) 170			

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Hector J. Ribera	Registration No. (Attorney/Agent)	54.397	Telephone (650) 335-7192
Signature		Date	10/27/2004	



PATENT

AF/IZW
3623

IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Axel Schultze

APPLICATION NO.: 09/514,997

FILING DATE: February 25, 2000

TITLE: Automatic Lead Distribution and Processing Confirmation
System and Method

EXAMINER: Susanna M. Meinecke Diaz

GROUP ART UNIT: 3623

ATTY. DKT. NO.: 4705US

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: 10/27/2004

By: Hector J. Ribera
Hector J. Ribera, Reg. No.: 54,397

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P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

NOTICE OF APPEAL

SIR:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner, mailed October 18, 2004, finally rejecting claims 1, 7-17, 20-34, 36-40 and 42-77.

Pursuant to 37 CFR § 1.17(e), enclosed is payment in the amount of \$170 for the filing of the Notice of Appeal.

Respectfully submitted,
AXEL SCHULTZE

Dated: 10/27/2004
By: Hector J. Ribera
Hector J. Ribera, Reg. No.: 54,397

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11/02/2004 WABDEL1 00000038 09514997

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